

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	<b>Facility Identification</b>		<b>Owner/Operator</b> Bill ROSEN	
	Name <u>Alaskan Copper Works</u>		Name <u>Bill ROSEN</u>	Phone <u>(206) 623-5800</u>
	Street <u>3200 6th Ave South</u>		Mail Address <u>PO Box 3546, Seattle WA 98124</u>	
	City <u>Seattle</u>	County <u>King</u>	<b>Emergency Contact</b>	
	State <u>Washington</u>	Zip <u>98134</u>		
SIC Code <u>3499</u>	Dun & Brad Number <u>00-925-5571</u>	Name <u>James Brown</u>	Title <u>Operations Manager</u>	
		Phone <u>(206) 623-5800</u>	24 Hr Phone <u>(206) 399-3003</u>	
		Name	Title	
		Phone	24 hr Phone	
Reporting for calendar year: 19 <u>98</u>				

Important: Read all instructions before completing form

Check if information below is identical to the information submitted last year

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>007697372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Nitric Acid Sol. 10%</u> Check all <input type="checkbox"/> or <input checked="" type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> & <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS EHS Name <u>Nitric Acid</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>03</u> Max Daily Amount (code) <u>03</u> Ave Daily Amount (code) <u>365</u> No. of Days On Site	<u>A</u> <u>1</u> <u>5</u>	<u>3200 6th Ave South</u> <u>Northeast corner of</u> <u>Main Shop</u>	<input type="checkbox"/>
CAS <u>          </u> Trade Secret <input type="checkbox"/> Chem. Name <u>          </u> Check all <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> & <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS EHS Name <u>          </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>          </u> Max Daily Amount (code) <u>          </u> Ave Daily Amount (code) <u>          </u> No. of Days On Site			<input type="checkbox"/>
CAS <u>          </u> Trade Secret <input type="checkbox"/> Chem. Name <u>          </u> Check all <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> & <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS EHS Name <u>          </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>          </u> Max Daily Amount (code) <u>          </u> Ave Daily Amount (code) <u>          </u> No. of Days On Site			<input type="checkbox"/>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through \_\_\_\_\_, and that based on my inquiry if those individuals responsible for obtaining the information, I believe that the submitted information is true and accurate and complete

James Brown (Name and Title of owner/operator representative) James Brown Signature 3/2/98 Date signed



# Dangerous Waste Annual Report Verification Form

**1998**

Washington State Department of Ecology  
Hazardous Waste Information  
P. O. Box 47658  
Olympia, WA 98504-7658  
(800) 874-2022 (within state)  
(360) 407-6170

For Ecology Use Only - Date Received :

Form	Review	HWIMSy Entry	Verification	P3
VF				
GM				
WR				
OI				

**Site Location Information**RCRA Site ID: **WAD 980 738 546**Company Name: **Alaskan Copper Works**Site Location: **3200 6TH AVE S**City/State/Zip: **SEATTLE, WA 98134**County: **KING**Dept. of Revenue Tax Registration Number: **(b)(6)**Primary SIC : **3443**

Current company name if different from above: \_\_\_\_\_

**This Report is  
Due  
No Later Than  
March 1, 1999**

*All information listed below is required. If information is missing or incorrect, please enter the changes in the right hand column.*

**1a The mailing address for this site is:**

Name: **Alaskan Copper Co Inc**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**

**1b**

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
\_\_\_\_\_

**2a The legal company/agency owner of this site is:**

Name: **Alaskan Copper & Brass Co**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**  
Work Phone: **(206)623-5800** Ext: \_\_\_\_\_

**2b**

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Did the company ownership of this site change in 1998?

☐ Yes Date: \_\_\_\_\_  
(continue to the right):

☒ No (go to 3a):

I represent the:

☒ Current Company Owner  
☐ Previous Company Owner

☐ I need a Notification Form sent to me  
☐ I have already submitted a revised  
Notification Form

This report covers waste activity for: ☐ Entire year ☐ My term of ownership only**3a The land owner of this site is:**

Name: **Rosen Investment Co**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**  
Phone: **(206)623-5800** Ext: \_\_\_\_\_

**3b**

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
\_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**4a The contact for site visits and inspections is:**

Name/Title: **James Brown**  
Mail Address: **3200 6th Ave S**  
**SEATTLE, WA 98124**  
Work Phone: **(206)623-5800** Ext: \_\_\_\_\_

**4b**

Name/Title: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
\_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**5a The contact for annual report forms is:**

Name/Title: **Mark Aniello**  
Mail Address: **1514 128th PI NE**  
**BELLEVUE, WA 98005**  
Work Phone: **(800) 800-7644** Ext: \_\_\_\_\_

**5b**

Name/Title: **Shawn Rajabi**  
Mail Address: **140 Rawler Ave South # 7**  
**Renton, WA 98055**  
Work Phone: **~~920-500-7644~~ 800-800-7644** Ext: \_\_\_\_\_

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Page 1 of 36

AKC-0020280

## 6. Generator Status and Waste Management Activities

Indicate the facility's generator status for 1998 by checking the appropriate boxes below. If your status has changed from last year, please use the Comments section (#8, below) to explain.

### 6a. Generator Status

- ☒ Large Quantity Generator (LQG)
- ☐ Medium Quantity Generator (MQG)
- ☐ Small Quantity Generator (SQG)
- ☐ No regulated dangerous waste generated

### 6b. Transportation Activity (requires prior notification)

- ☐ Transporter for your own waste
- ☐ Transporter for commercial purposes

### 6c. Treatment, Storage, Disposal, Recycling (TSDR) Facility (Requires Permit)

- ☐ For waste generated at this facility
- ☐ For waste generated by other facilities

### 6d. Excluded On-Site Waste Management

- ☐ Permit-by-Rule - (PBR)
- ☐ Recycling without prior storage or accumulation

## 7. Report Summary

Please check off which forms are included in this report and provide the total number of pages. For electronic data submittal, please indicate method of your submission.

### 7a. Paper Form Submittal

- ☒ Verification (VF) Form
- ☒ Generation and Management (GM) For
- ☒ Off-site Identification Information (OI) Form
- ☐ Waste Received (WR) Form
- ☒ Recycling Credit documentation attached

### 7b. Electronic Data Submittal

- ☐ Verification (VF) Form
- ☐ Disk(s) included
- ☐ Data submitted on Internet
- ☐ Recycling Credit documentation attached

☒ 34 Total Number of pages submitted

## 8. Comments

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## 9. Certification

The following must be signed by authorized representative of the company/agency. This certification language is required under EPA's Biennial Report. Ecology is required to implement reporting requirements at least as stringent as those in that report.

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Signature (in ink)

Name (print/type)

Date

Title

James Brown  
JAMES BROWN  
3/3/99  
Operations Manager

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at (360) 407-6700 (voice) or (360) 407-6006 (TDD).

**Do Not FAX this document unless requested by the Department of Ecology.**

Page 2 of 36



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For Ecology Use Only - Date Received :

Form	Review	HWIMSy Entry	Verification	P3
VF				
GM				
WR				
OI				

## Site Location Information:

RCRA Site ID: **WAR 000 009 241**  
Company Name: **Alaskan Copper & Brass Co CTL**  
Site Location: **4700 COLORADO ST**  
City/State/Zip: **SEATTLE, WA 98134** County: **KING**  
Dept. of Revenue Tax Registration Number: **578-033-053** Primary SIC : **5051**  
Current company name if different from above: \_\_\_\_\_

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Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**

### 1b

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
\_\_\_\_\_

### 2a The legal company/agency owner of this site is:

Name: **Alaskan Copper Co Inc**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**  
Work Phone: **(206)623-5800** Ext: \_\_\_\_\_

### 2b

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Did the company ownership of this site change in 1998?

☐ Yes Date: \_\_\_\_\_  
(continue to the right):  
☒ No (go to 3a):

I represent the:

☒ Current Company Owner  
☐ Previous Company Owner

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Name: **Alaskan Copper Co Inc**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**  
Phone: **(206)623-5800** Ext: \_\_\_\_\_

### 3b

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### 4a The contact for site visits and inspections is:

Name/Title: **Jim Brown**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**  
Work Phone: **(206)623-5800** Ext: **572**

### 4b

Name/Title: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### 5a The contact for annual report forms is:

Name/Title: **Mark Aniello**  
Mail Address: **1514 128th PI NE**  
**BELLEVUE, WA 98005**  
Work Phone: **(800)800-7644** Ext: \_\_\_\_\_

### 5b

Name/Title: **Shawn Rajabi**  
Mail Address: **170 Rainier Ave South #7**  
**Renton, WA 98055**  
Work Phone: **800-800-7644** Ext: \_\_\_\_\_

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Page 1 of 2

AKC-0020282

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Signature (in ink)

Name (print/type)

Date

Title

*James Brown*  
JAMES BROWN  
3/3/99  
Operations Manager

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Page 2 of 2